

**Trophic Alteration and Spontaneous Shedding of the Nails in an Hysterical Woman.** I. FALCONE. (Quoted from *La Riforma Med.*, August, 1886, in *Rivista Clinica*, October, 1886.)

After the observations of Joffroy and Pitres regarding the spontaneous shedding of the nails in ataxia, as well as the numerous examples of individuals so afflicted when suffering from general paralysis, disseminate sclerosis from gout, etc., the writer feels justified in adding this case of similar trouble in an hysterical subject.

A woman, 50 years old, of good heredity and excellent constitution, had always been healthy until 1870, when she lost her son. Her character changed entirely. She became irascible, sad, and commenced to complain of left hemicrania, then of dyspepsia, colic pains, recurrent moroseness, then transitory paralysis presented itself in the extremities, hyperæsthesia, and wandering paræsthesia, then coughing with sense of constriction, aphasia, globus hystericus, salivation, and a profuse sweating of the lower extremities. All these symptoms persisted in turn from 1870 to 1880, and did not disappear after a long journey, which had been prescribed, except the cough.

In November, 1885, the patient visited the tomb of her son, which event made a great impression upon her, and resulted in the return of the laryngeal symptoms of the hysteria, and with them psychical excitement.

A second trip dissipated the greater part of these symptoms. However, Feb. 16th, 1886, the husband observed that the patient's nails presented a curious appearance of fine rugæ and a loss of the healthy lustre, the most on the right thumb. Feb. 19th, the lady complained of slight formication in the right thumb and both of the great toes, and there was a formation of pus under these nails, and they were shed. After this there was a suppuration with abundant and fœtid pus, and in the space of two months the matrix and bed of the nails became covered with a new epidermis. The other nails remained in place. In them was observed a most active growth and a hardening; they desquamated easily, and appeared duller than in health.

In the process of repair, the nails of the toes grew from the matrix and recovered the appearance and consistency of health, while the nail of the right thumb was a proliferation of the bed of the nail *without any participation of the matrix*. It grew irregularly, with prominences of various sizes which crossed it in all points, and by the character of the form which it assumed seemed rather a drying up of the bed of the nail. GRACE PECKHAM.

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#### THERAPEUTICS OF NERVOUS SYSTEM.

**A Case of Traumatic Epilepsy Cured by Trepanning**  
(*Centralb. f. Nervenheilkunde, Psych., etc.*, November 15th, 1886).

Dr. G. Völckers, house physician of the Luis Hospital, Aachen, reports the following case from the service of Brandeis :

Patient was a strongly-built man of 26, in robust health. I January, 1882, he was struck by a heavy limb of a falling tree. He felt but little pain, and started to walk home, but soon fell unconscious. He was confined to bed for three weeks, having been unconscious most of the time. On getting up he spoke confusedly, and acted foolishly. After five weeks there were no morbid symptoms present, and no evidences of a central disturbance could be detected.

In January, 1884, after two years of complete health, he suddenly lost consciousness while plowing. He remained unconscious ten minutes, with clasped thumbs and spasmodically drawn limbs. The attack was without any premonitions, and during the same day he had six others. He had a second attack in February, and a third in April, both being without aura.

Examination at the hospital showed an extended median depression of the skull, forming an oval that embraced the posterior part of the frontal bone, with the longest diameter seven centimetres in the direction of the sagittal suture ; the transverse diameter was fully five centimetres.

There was no unevenness or roughness on the surface of the skull, and no abnormality in any organ of the body.

The temperature was normal ; the pulse full and of normal frequency.

It was assumed that the attacks were caused by a diminution of brain-space caused in part by the depression, and in part by intracranial hemorrhage. Concussion of the brain was excluded because, in spite of the severity of the blow, the brain symptoms were first noticed a quarter of an hour after the injury, and also because of the long duration of the trouble.

After five weeks, all the symptoms had disappeared, the extravasation having been absorbed, and the brain having become accustomed little by little to the pressure of the depression.

A certain degree of compression may thus exist for a long time without interfering with the brain functions and without endangering life ; but even a small intercurrent increase of intracranial pressure may produce grave symptoms of pressure. The severe work performed by the patient was a sufficient cause in this case.

An incision was made in the scalp following the direction of the depressed margin of the bone. Around the periphery of the depressed section ten holes were drilled, each one-half centimetre in diameter, and the intervening bridges of bone were broken down by a mallet and chisel, and the whole of the plate of bone lifted up. This bony plate was united with the dura, which appeared normal otherwise ; because of these adhesions there was no hemorrhage from the dura.

After some hours, there was a slight vertigo and twitchings in the arm, but these disappeared after a few minutes. The headache present before the operation disappeared in two days, and

did not return. He was discharged twenty-four days after the operation. Two months after discharge he had an attack of vertigo while at work, but did not lose consciousness. He had no other attack. He was last seen two and one-half years after the operation, when he appeared strong and healthy, and considered himself entirely cured.

WILLIAM NOYES.

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**Treatment of Trigeminal Neuralgia by Pulverization of Methyl** (*Gazette des Hôpitaux*, p. 870, 1886).

"In trigeminal neuralgia, the first indication is the immediate alleviation of pain." "No agent seems more appropriate for this purpose than the chloride of methyl in refrigerant pulverization." The above propositions are advanced and discussed by Dr. Peyronnet de Lafonvielle. The time which has passed since the therapeutic application of this remedy by Debove in cases of sciatica is not long, but the number of cases so treated is now quite large. In August, 1885, Abadie published cases of cure of trigeminal neuralgia by this means. The observations of de Lafonvielle were made at Abadie's clinic, and it appears that even in the most severe cases these pulverizations produced almost immediate relief from pain. Frequently this occurred after the first application, but invariably after several. De L. has seen both acute and chronic cases cured by this means. Even when the pain was dependent upon some general or central cause, the relief was prompt and of long duration. The methods of applying this remedy seem to present certain difficulties. The low temperature which the chloride of methyl assumes when in gaseous form, and the strong pressure necessary in order to keep it in a liquid state at ordinary temperature, seem to constitute the chief obstacles. In the earliest applications, glass siphons, analogous to the ordinary seltzer-water siphons, were employed. But several explosions resulting, these glass siphons were replaced by receptacles of metal specially arranged for the purpose intended. The necessity of a special apparatus, the high cost of chloride of methyl, as well as the great care necessary in its application, are all factors which will render the introduction of this method into general practice almost impossible. Nevertheless, in view of the unsuccess of most other methods of treatment, these obstacles should not be considered too great.

G. W. J.

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**Dosage in Electro-Therapeutics.** R. VIGOUROUX (*Progress Medical*, p. 29, 1887).

The author, after reviewing the former inadequate means of measuring the strength of the galvanic current by giving the number of cells used, goes on to explain the present method (absolute measurement), and claims that this also is insufficient, particularly in regard to the physiological effects of the current. His line of argument is as follows :

The resistance of the human body varies very much. In one